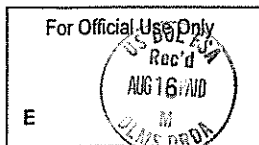


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>1/200</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Lawrence</u> <u>Hill</u> P.O. Box, Bldg., Room No., if any <u>452</u> Street <u>Dawson Lane</u> City <u>Jericho</u> State <u>New York</u> ZIP Code + 4 <u>11753-2555</u>	4. Name, file number, and address of labor organization. Name <u>National Postal Mail Handlers Union</u> Labor Organization File Number <u>504780</u> P.O. Box, Building and Room Number, if any <u>401 Suite 1400</u> Street <u>Broadway</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10013-3098</u>
5. Position in labor organization. <u>New York State Executive Board Memb</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>United States Postal Service</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u>PO Box 8000</u> Street <u>160 Duryea Road</u> City <u>Melville</u> State <u>New York</u> ZIP Code + 4 <u>11747-9998</u>	7.a. Nature of Interest, Transaction, or Income. <u>Receive a USPS corporate discount for cell phones. formerly ATT and now Cingular that all postal employees and their families are entitled to. This is nothing given specifically to union people. All employees are entitled to the discount.</u> 7.b. Amount. <u>\$25</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8/20/04</u> <u>516-681-2888</u> Date Telephone Number

